

**NOTE - THIS DOCUMENT INCLUDES ALL THE ISSUES
SUBMITTED BY ARMY INSTALLATION RETIREE COUNCILS
FOR DISCUSSION BY THE CSA RETIREE COUNCIL AT
THEIR 40TH MEETING. THE 40TH MEETING REPORT TO
THE CSA HAS BEEN SEPARATED FROM THIS DOCUMENT
BUT CAN BE FOUND AT**

http://www.odcsper.army.mil/Directorates/retire/army_retiree_council/army_retirement_services_04072000.asp

Army Retirement Services

7 April 2000

MEMORANDUM FOR SEE DISTRIBUTION:

SUBJECT: Chief of Staff, Army Retiree Council Report

1. The fortieth meeting of the Chief of Staff, Army (CSA) Retiree Council was held in the Pentagon during the period 3 - 7 April 2000.
2. The Council members reviewed and discussed 63 issues submitted by 20 installation retiree councils. All issues submitted by Installation Retiree Councils, with CSA Council comments, are at enclosure 1.
3. The Council's Report to the Chief of Staff, Army is at enclosure 2.

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2 Enclosures

DISTRIBUTION:
Special

CHIEF OF STAFF ARMY RETIREEE COUNCIL ISSUE 01-01-00

MACOM: MDW

INSTALLATION: Fort Meade, Maryland

SUBJECT: TRICARE Dental - Delta Dental

DISCUSSION: The Dental Insurance Program for military retirees and their family members does provide assistance with payment for dental care from civilian resources. There is a need however, for review of the coverage provided. The Fort Meade area retirees are not fully satisfied with the present services allowed. For example, there are two particular basic restorative services that are not included or covered under the current program. They are (1) having only one preventive prophylaxis for adults rather than the two recommended by dentists per year and (2) having only the anterior composite restoration approved but not including the posterior area. There is a need for other dental services that should be included in the program for retirees as the population ages. Crowns and bridges, and root canals should be part of that coverage. Instructions for submitting dental bills from non-participating dentists are not clearly defined in the information pamphlet. Delta requires the patient's name and social security number and in one instance date of birth to accompany each bill. It is further noted that Delta Dental did not respond to inquiries or requests for information especially when they were submitted in writing early in the program.

CHIEF OF STAFF ARMY RETIREEE COUNCIL COMMENTS: The TRICARE Retiree Dental Plan (TRDP) is a Department of Defense-sponsored dental benefits plan that provides basic dental services for retirees and their family members. The benefits and coverage were developed with the premise that the plan should cover basic dental needs without being priced exorbitantly. Title 10, United States Code, mandates that TRDP enrollees will pay the premiums charged for the insurance coverage, with no cost share by the government. As such, an increase in benefits or coverage could result in significant increase in premiums paid by the enrollees.

TRICARE Management Agency (TMA) is working with the contractor to improve the dental benefits for retirees. These potential improvements include implementing a government subsidy for a percentage of the premium, increasing the number of adult cleanings to two per year, and adding coverage for crowns, bridges, and dentures. In response to the unclear instructions in the benefits booklet, the TMA states that Delta Dental Plan made significant revisions to its benefits booklet ensuring that all instructions, benefits, and requirements are clearly explained. With regard to the non-responsiveness by Delta Dental Plan during the early stages of the program, TMA states that Delta Dental Plan was surprised by the volume of inquiries during the early phases of the plan, and has since increased the number of customer service personnel. Delta Dental Plan currently exceeds contract standards in replying to telephonic and written correspondences.

TRICARE Retiree Dental Plan issues will be forwarded to TMA.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-02-00

MACOM: MDW

INSTALLATION: Fort Myer, Virginia

SUBJECT: DoD Dental Plan

DISCUSSION: DoD has negotiated a commercial group dental plan to permit military retirees to gain the advantage of group rates. However DoD has not subsidized the plan in any way, nor has the eligibility to TRICARE had any bearing on who can join. To allow this commercial group plan to be called DoD Dental Plan or TRICARE Dental Plan as it is sometimes called, is misleading. When the plan is called DoD Dental Plan there is an assumption that DoD has subsidized the plan similar to other medical plans under DoD auspices (i.e. Champus, TRICARE, FEHBP). When the plan is called TRICARE Dental Plan the confusion is even more prevalent since eligibility as well as subsidy is called into question. It is recommended that the plan be renamed to more accurately reflect it's status with the term "Group" or "Commercial" inserted in the title.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The TRICARE Retiree Dental Plan (TRDP) is a Department of Defense-sponsored dental benefits plan that provides basic dental services for retirees and their family members at a reasonable cost. The name "TRICARE" is associated with the plan for two reasons. First, the TRICARE Management Agency (TMA) manages this plan as well as all health services contracts for the uniformed services. Second, Title 10, United States Code, mandates that TRDP enrollees will pay the premiums charged for the insurance coverage, with no cost share by the government. While the government does not subsidize the TRDP, it does cover the costs for administration of the contract and management of the programs. With regards to eligibility, membership in the TRDP is restricted to retirees and their family members.

This recommendation will be forwarded to TMA for consideration.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-03-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: Delta Dental Plan (DDP)

DISCUSSION: Expand coverage of DDP to include bridges, crowns and other procedures commonly needed by an aging population. Benchmark DDP costs/services with other available dental plans.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The TRICARE Retiree Dental Plan (TRDP) is a Department of Defense-sponsored dental benefits plan that provides basic dental services for retirees and their family members. The benefits and coverage were developed with the premise that the plan should cover basic dental needs without being priced exorbitantly. Title 10, United States Code, mandates that TRDP enrollees will pay the premiums charged for the insurance coverage, with no cost share by the government. As such, an

increase in benefits or coverage could result in significant increase in premiums paid by the enrollees.

TRICARE Management Agency (TMA) is working with the contractor to improve the dental benefits for retirees. These potential improvements include implementing a government subsidy for a percentage of the premium, increasing the number of adult cleanings to two per year, and adding coverage for crowns, bridges, and dentures. In response to the unclear instructions in the benefits booklet, the TMA states that Delta Dental Plan made significant revisions to its benefits booklet ensuring that all instructions, benefits, and requirements are clearly explained. With regard to the non-responsiveness by Delta Dental Plan during the early stages of the program, TMA states that Delta Dental Plan was surprised by the volume of inquiries during the early phases of the plan, and has since increased the number of customer service personnel. Delta Dental Plan currently exceeds contract standards in replying to telephonic and written correspondences.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-04-00

MACOM: USAREUR

INSTALLATION: USAREUR

SUBJECT: Dental Insurance for OCONUS Retirees

DISCUSSION: Recent efforts have been successful in implementing and ensuring a comprehensive understanding of the expansion of the TRICARE Family Member Dental Plan (TFMDP) to provide dental coverage to family members of active duty military personnel residing OCONUS. Overseas Lead Agents, in coordination with military dental treatment facilities, have established OCONUS Provider Listings which are the basis for referrals under the over-seas extension. These listings may be available through the respective Overseas Lead Agent, U.S. Embassy or Consulate office, military dental treatment facilities or from other representatives of the U.S. Government. Eligibility to receive dental care requires prior, confirmed enrollment in the program, which is voluntary. Monthly premiums are paid by the participants at either single member or two or more family member rates. Consequently, this program has now been implemented at both remote and non-remote locations, the latter of which, on 1 October 1999.

Most significantly, the successful implementation of the TFMDP expansion removes all of the major impediments to the inclusion of retirees residing in those areas in the retiree dental insurance program.

Provision of such coverage would finally provide access to dental care to retirees of the Uniformed Services residing OCONUS at a reasonable cost to participants and at no cost to the Government.

The Secretary of the Defense should be urged to take all necessary actions to permit the enrollment and participation of retirees

OCONUS when the retiree dental insurance program is re-solicited in summer 2000.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: In most overseas locations, retirees are able to obtain only emergency care on a space-available basis in a military dental treatment facility because the capacity is consumed taking care of active-duty soldiers. All other retirees have enjoyed the security of this unsubsidized program for years. Moreover, the implementation of a dental insurance program for active-duty family members stationed overseas provides virtually all of the ground-work needed to restore equitability to the only remaining category of beneficiary. The CSA Retiree Council strongly advocates the inclusion of all overseas retirees in the TRICARE Retiree Dental Plan (TRDP) in either a contract modification or the next contract re-solicitation whichever is most expedient.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-05-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: DOD National Mail Order Pharmacy Demonstration Program

DISCUSSION: Eliminate the unique \$250 per person enrollment fee. The unrealistic fee deters enrollment and will skew results of the demonstration project pertaining to costs per retiree.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The pilot programs were required to maintain a fair and equitable co-payment structure consistent with existing pharmacy benefit options for other eligible beneficiaries. Although a \$100 annual enrollment fee was considered, this fee would have resulted in an estimated one million-dollar shortfall over available resources. The \$250 enrollment fee was initially selected, but has been recently reduced to \$200. Although, this fee is decreasing the unfunded amount of this program, the basic position of the CSA Retiree Council is that the congressional funding should be increased so that there is no enrollment fee.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-06-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Enrollment Fee for Pharmaceutical Benefit.

DISCUSSION: The benefit of free pharmaceuticals for all retirees at military treatment facilities within a defined formulary has withstood all challenges. It is currently a recognized and valuable benefit, which has increased in its importance, particularly for older retirees who are being squeezed out of other medical support by their ineligibility for TRIACRE. This benefit was recognized as a significant loss when installations closed due to Congressional BRAC action and was restored through a Pharmacy Mail Order program, which basically provides needed medications with a nominal co-payment. Since the mail order program provides an added service of home delivery, the imposed payment is generally accepted as reasonable. Unfortunately, the mail order program only covers retirees affected directly by BRAC, thus based on the luck of geographical location, a retiree may either be included or excluded from this program. In view of complaints by excluded retirees, a test program has been proposed by DoD, which would eventually encompass all presently excluded retirees. However, the test proposes a yearly \$250 enrollment fee on top of the generally accepted co-payment. The imposition of an enrollment fee is deemed unwarranted and detrimental to the interests of the retired community. It inflicts additional divisiveness and nullifies a nationally presumed benefit. Picture retirees in adjacent zip codes, one covered by BRAC and the other not covered. A retiree within the covered zip code receives required medication with a minimum co-payment, whenever needed; the other is asked to pay \$250 up front for the same benefit regardless of need just to be covered. Nothing seems less equitable. The fee will insure that only a limited number of retirees, those who require sustaining and expensive medications, will enroll. Furthermore, among those in need, there is added discrimination against those with lowered retired pay that can less afford a hefty up-front fee. And even those who might benefit by this program will continue to resent the configuration of what they will perceive as an eroding benefit. The perceptions about the \$250 enrollment fee, with its inherent inequity, will result in unneeded poor publicity for DoD instead of desired recognition for what was undoubtedly meant to fill an existing void. In view of the negative reaction and the fear that the \$250 fee will be expanded to encompass all mail order transactions, no program is better than this one. Congress may well support the extra funds required to provide uniform pharmaceutical support for the entire military community, the provided DoD represents this issue appropriately; the current DoD stance appears to undermine such an effort.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The pilot programs were required to maintain a fair and equitable co-payment structure consistent with existing pharmacy benefit options for other eligible beneficiaries. Although a \$100 annual enrollment fee was considered, this fee would have resulted in an estimated one million-dollar shortfall over available resources. The \$250 enrollment fee was initially selected, but has been recently reduced to \$200. Although, this fee is decreasing the unfunded amount of this program, the basic position of the CSA Retiree Council is that the congressional funding should be increased so that there is no enrollment fee.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-07-00

MACOM: FORSCOM

INSTALLATION: Fort Polk, Louisiana

SUBJECT: Eliminate or Reduce Retiree Rx enrollment fee

DISCUSSION: FY 1999 Defense Authorization Act passed by Congress last year required a pilot program to demonstrate the feasibility of opening military pharmacy programs to Medicare eligibles, either retail or mail order pilot programs. The program has already been delayed several months by DOD Secretary for Health Affairs, Dr. Sue Bailey. Dr. Bailey announced an enrollee fee of \$250.00 (\$500.00 per couple) in addition to the normal pharmacy co-payments. Medicare eligibles already pay \$45-50 a month (\$91.00 a couple) to the government but do not get any pharmacy benefits from this. The purpose of the \$250 per person enrollment fee is not understood. At the present time the Uniformed Services Family Health Plan (USFHP) accepts Medicare eligibles and provides pharmacy services for them at the normal co-payment. Also, some HMO's accept Medicare eligibles without charging anything (provided they pay Medicare Part 3 - \$45.50/mo) except the normal co-payment to the pharmacy.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both

the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The pilot programs were required to maintain a fair and equitable co-payment structure consistent with existing pharmacy benefit options for other eligible beneficiaries. Although a \$100 annual enrollment fee was considered, this fee would have resulted in an estimated one million-dollar shortfall over available resources. The \$250 enrollment fee was initially selected, but has been recently reduced to \$200. Although, this fee is decreasing the unfunded amount of this program, the basic position of the CSA Retiree Council is that the congressional funding should be increased so that there is no enrollment fee.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-08-00

MACOM: FORSCOM

INSTALLATION: Fort Bragg, North Carolina

SUBJECT: Mail Order Pharmacy Enrollment Fee

DISCUSSION: Medicare eligible retirees residing in the TRICARE two-site Pilot Pharmacy Program (Okeechobee, Florida and Fleming, New York) may be required to pay \$250 per person enrollment fees. This is a further instance of a breakdown of integrity within Department of Defense. These retirees were guaranteed paid-up health care for the remainder of their lives if they completed 20 years of service. Requiring an enrollment fee completely repudiates the principle that DOD officials are to be taken at their word and thus suggests they can be expected to mislead the troops for the sake of convenience. Such a fee may produce false test results by relying on retirees with heavy prescription needs while those retirees not consuming many pharmaceuticals will likely not enroll. The enrollment fee may not seem that extreme by today's pay scales; however, there are far too many retirees who are living on meager fixed incomes. A greater concern is the principle of integrity and the likely probability that any future expansion of the Mail Order Program will carry similar fees. The failure of the leadership to stand up in defense of restoring promises which were broken to retirees conveys the impression that the leadership just does not really care about those who have completed a career in military service.

Everything seems to be measured in dollars, without sense of obligation or integrity. The military community needs a clear and immediate sign that the leadership does indeed care, and is willing to fight for them. The Chief of Staff along with the other uniformed service chiefs must address this issue in the strongest manner possible to the appropriate DOD officials, Office of Management and Budget, and, the United States Congress.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment

facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The pilot programs were required to maintain a fair and equitable co-payment structure consistent with existing pharmacy benefit options for other eligible beneficiaries. Although a \$100 annual enrollment fee was considered, this fee would have resulted in an estimated one million-dollar shortfall over available resources. The \$250 enrollment fee was initially selected, but has been recently reduced to \$200. Although, this fee is decreasing the unfunded amount of this program, the basic position of the CSA Retiree Council is that the congressional funding should be increased so that there is no enrollment fee.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-09-00

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, Missouri

SUBJECT: Mail Order Prescription Drug Program

DISCUSSION: The Fort Leonard Wood Military Retiree Council urges the United States Congress and the Administration to pass legislation that would allow access to the current National Mail Order Pharmacy to all retirees regardless of age with a formulary adequate to the needs of an aging retiree population at a cost equitable with active duty family members' co-payments.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The CSA Retiree Council position is that Congress should allocate additional funding to DOD so that the National Mail Order Pharmacy program can be extended to all retirees world-wide.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-10-00

MACOM: TRADOC

INSTALLATION: Fort Lee, Virginia

SUBJECT: Mail Order Prescriptions

DISCUSSION: The Retiree Council of Fort Lee strongly supports the creation and implementation of a program for the mailing of prescription drugs to retirees. This program needs to include Medicare eligible retirees as well as those under 65. The program also needs to be available to ALL retirees, no matter what their geographical location. DOD should direct its efforts and funds to those programs which would benefit ALL retirees. The Veterans Administration already has a mail-order system in place--perhaps DOD should redirect its efforts and look at the VA's program instead of trying to reinvent the wheel.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All eligible DOD beneficiaries current have open access to any medical treatment facility pharmacy (based on the facilities formulary) with no enrollment fee or co-payment.

Section 723 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 directed implementation of a redesigned pharmacy benefit for Medicare-eligible beneficiaries at two sites; Okeechobee, Florida and Fleming, Kentucky. Implementation of the pilot programs will allow access for eligible beneficiaries to both the retail and national mail order pharmacy benefit options. The pilot will further allow appropriate test and evaluation to properly assess the potential of the program as a reasonable alternative for Medicare-eligible beneficiaries who reside outside the catchment areas.

The CSA Retiree Council position is that Congress should allocate additional funding to DOD so that the National Mail Order Pharmacy program can be extended to all retirees world-wide.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-11-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Same Medical Benefits to Military Retirees as Retired Federal Employees

DISCUSSION: This council supports the current study to provide the same medical benefits to military retirees as retired federal employees. Our study indicates that in light of the continuing reduction of medical benefits to military retirees, providing this benefit is at the present time, the only feasible and best program that could be made available. However, the sites selected for the tests were poorly chosen in that those who are in the greatest need

live great distances from the these sites. Therefore, they cannot and do not participate in the tests. A much more meaningful study would have resulted if those who are not in the immediate area of the test sites had been made eligible.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Methodology for selection of sites for the FEHBP demonstration was that DOD conducted a public random drawing to select the eight sites. In accordance with the legislative requirements, sites were selected from a catchment area of a military treatment facility, a non-catchment area and a Medicare subvention demonstration site. Also, not more than one site was selected per TRICARE region. The eight sites were Dover, Delaware; the Commonwealth of Puerto Rico, Fort Knox, Kentucky; Greensboro-Winston-Salem/Highpoint, North Carolina; Dallas, Texas; Humboldt County, California, Camp Pendleton, California; and New Orleans, Louisiana. It was determined that there were enough fee-for-service plans and HMOs participating in those areas to give DOD beneficiaries an adequate choice of providers. Thus, site selection for this demonstration was driven by both the enabling legislation and fairness in the process of meeting the legislated directive.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-12-00

MACOM: USAREUR

INSTALLATION: USAREUR

SUBJECT: FEHBP-65

DISCUSSION: For the past three years, the CSA Retiree Council has recommended in its report to the Chief of Staff the expansion of the eligibility criteria for FEHBP to include military retirees age 65 and over, under the same conditions that apply to all those other federal retirees who are enrolled in the program.

In doing so, the CSA Council, joined by other service retiree councils, supported FEHBP-65 as a second-tier health care option for providing accessible, affordable and quality health care to these beneficiaries. Implicit in that recommendation is the elimination of the inequity of the current procedures that provide the option of enrolling in FEHBP to every category of federal retirees except military retirees.

Increasing acceptance of the FEHBP-65 concept by the Congress was reflected in a series of legislative initiatives introduced in the 105th and 106th Congresses containing various proposals for implementing FEHBP-65. In part because of concerns expressed about the military readiness of the MTFs, FY 99 Defense Authorization Act requires a test of FEHBP-65 for up to 66,000 Medicare-eligible military retirees in eight locations in the United States and Puerto Rico. Initial reports show the military readiness of the MTFs will not be undermined by offering FEHBP-65 to those within the catchment areas.

Meanwhile, it is the military retiree residing outside of catchment areas who has neither space-available access to MTF nor eligible for the tests of Medical Subvention who is being denied the same level of access to health care as every other federal retiree except military retirees.

The Secretary of Defense should be urged to take all necessary actions to implement expeditiously the FEHBP for all military retirees aged 65 and over without further testing.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The FY 99 National Defense Authorization Act authorized a three-year demonstration of FEHBP-65 during 2000-2002.

As many as 66,000 Medicare-eligible military retirees and family members may participate in the DOD/FEHBP demonstration. In order to participate, otherwise-eligible persons must live within the Zip Codes that encompass one of the demonstration sites. The locations chosen by lottery for the test project are: Dover Air Force Base, Delaware; Fort Knox, Kentucky; Greensboro/Winston-Salem/High Point, North Carolina; Dallas, Texas; New Orleans, Louisiana; Naval Hospital, Camp Pendleton, California; The Humboldt County area (including nine other surrounding counties), California; and Puerto Rico.

Enrollment in the DOD/FEHBP demonstration was planned from November 8 - December 13, 1999, during the FEHBP's annual enrollment open season. However, DOD is sending eligible persons more information on the project, and will offer them more time to enroll.

The FY 99 NDAA specifies separate risk pools for FEHBP-65 from other FEHBP programs. Government contributions for premiums may not exceed the amount of contributions payable if the beneficiary were an employee enrolled in the same FEHBP. Premiums may be higher for FEHBP-65 than the FEHBP. Like every demonstration, whether it is legislated or not, the DOD wants to see the results of the FEHBP-65 demonstration before making expansion commitments.

DOD will look to FEHBP-65 to complement the MHS but only if the DOD finds it to be affordable not only to agency, but to the beneficiary. DOD would rather provide greater access through TRICARE Senior Prime if the overall cost of FEHBP-65 is too high. CSA Retiree Council supports the DOD position.

Currently, there are a number of proposals that would make the FEHBP available to DOD military retirees. For example, H R 205 (Moran and Cunningham) would expand FEHBP coverage to all Medicare eligible military beneficiaries. The likely impact of such a proposal if enacted is very substantial. While providing more choice and protection for some military retirees, these proposals are potentially very costly in terms of dollars. The CSA Retiree Council does not support expanding FEHBP-65 without the benefit of the congressionally mandated evaluation on the financial

implications of proliferating the program and associated resourcing for the benefit. The CSA Retiree Council position is that Congress should allocate additional funds to DOD so that the FEHBP-65 is offered to all Medicare-eligible retirees 65 and over as an option to other medical support programs.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-13-00

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, Missouri

SUBJECT: Health Care

DISCUSSION: The Fort Leonard Wood Military Retiree Council urges the United States Congress and the Administration to pass legislation allowing military retirees over age 65 and their family members to enroll in the Federal Employees Health Benefit Program to the retiree as soon as possible but no later than June of the year 2000. Do not deny military retirees access to MTF's if enrolled in Federal Employees Health Benefit Program.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The FY 99 National Defense Authorization Act authorized a three-year demonstration of FEHBP-65 during 2000-2002.

As many as 66,000 Medicare-eligible military retirees and family members may participate in the DOD/FEHBP demonstration. In order to participate, otherwise-eligible persons must live within the Zip Codes that encompass one of the demonstration sites. The locations chosen by lottery for the test project are: Dover Air Force Base, Delaware; Fort Knox, Kentucky; Greensboro/Winston-Salem/High Point, North Carolina; Dallas, Texas; New Orleans, Louisiana; Naval Hospital, Camp Pendleton, California; The Humboldt County area (including nine other surrounding counties), California; and Puerto Rico.

Enrollment in the DOD/FEHBP demonstration was planned from November 8 - December 13, 1999, during the FEHBP's annual enrollment open season. However, DOD is sending eligible persons more information on the project, and will offer them more time to enroll.

The FY 99 NDAA specifies separate risk pools for FEHBP-65 from other FEHBP programs. Government contributions for premiums may not exceed the amount of contributions payable if the beneficiary were an employee enrolled in the same FEHBP. Premiums may be higher for FEHBP-65 than the FEHBP. Like every demonstration, whether it is legislated or not, the DOD wants to see results of the FEHBP-65 demonstration before making expansion commitments.

DOD will look to FEHBP-65 to complement the MHS but only if the DOD finds it to be affordable not only to agency, but to the beneficiary. DOD would rather provide greater access through TRICARE Senior Prime if the overall cost of FEHBP-65 is too high. CSA Retiree Council supports the DOD position.

Currently, there are a number of proposals that would make the FEHBP available to DOD military retirees. For example, HR 205 (Moran and Cunningham) would expand FEHBP coverage to all Medicare eligible military beneficiaries. The likely impact of such a proposal if enacted is very substantial. While providing more choice and protection for some military retirees, these proposals are potentially very costly in terms of dollars. The CSA Retiree Council does not support expanding FEHBP-65 without the benefit of the congressionally mandated evaluation on the financial implications of proliferating the program and associated resourcing for the benefit. The CSA Retiree Council position is that Congress should allocate additional funds to DOD so that the FEHBP-65 is offered to all Medicare-eligible retirees 65 and over as an option to other medical support programs.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-14-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: TRICARE

DISCUSSION: Establish and fund protocols for health promotions and maintenance reflecting the aging process. These protocols should be implemented based on age milestones and changes in health status.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: There are health promotion products that are disseminated to various, but not all medical treatment facilities in the Army and with DOD in the following areas: 1) stress reduction, 2) anger management, 3) spiritual health, 4) suicide prevention, 5) tobacco cessation, 6) worksite wellness, 7) 5-A Day for Better Health nutrition, 8) injury prevention, 9) Put Prevention Into Practice prevention health care services, 10) Health Risk Assessment, 11) oral health, 12) and self-care to include specific aspects of women's health. These products are designed as effective tools for use by those who implement health promotion and wellness programs to deliver effective interventions. This myriad of programs is available in various forms at military medical treatment facilities and are linked when appropriate, to age groups. Certain programs may not be available at all locations due to the variance in levels of military medical services.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-15-00

MACOM: TRADOC

INSTALLATION: Carlisle Barracks, Pennsylvania

SUBJECT: Access to TRICARE Service Center Representatives

DISCUSSION: Currently, the TRICARE Service Center representatives are available via a toll-free telephone number used by that entire Region. This number is often time backed up with too many phone calls. The phone call may be re-routed to a TRICARE Service Center in a different state where the representative is not familiar with another area's specific problems. Patients are also asked to leave messages but the Service Center is not often prompt in returning

these calls. We suggest that each TRICARE Area Service Center or each state have a Toll-free number to be used by clients with-in their area of responsibility. This would improve accessibility and make the TRICARE system client/provider friendly which would make the TRICARE system a more viable military medical care system.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: In October 1999, The Assistant Secretary of Defense (Health Affairs) convened a TRICARE Access Summit to identify policy and program initiatives to improve access to the Military Health System (MHS). Telephone access is one of seven imperatives identified at the summit that require immediate action to improve TRICARE in the current fiscal year. In November 1999, the Telephone Access Integrated Program Team (IPT) with service participation was chartered to develop a comprehensive plan to reengineer telephone access throughout the MHS. The goal of the Telephone Access IPT is to: 1) Simplify the process for contacting TRICARE, 2) Standardize telephone access for Medical Treatment Facilities (MTFs) and Managed Care Support Contractors (MCSCs) and 3) Leverage state-of-the-art technology to improve telephone access for DOD beneficiaries. The Telephone Access IPT is currently in Phase I of this three-phase action plan to improve telephone access to the MHS in fiscal year 2000. Major access improvements are anticipated through this initiative, in addition, calls to the TRICARE 1-800 number in Region I have now been linked, to the area code of the caller thus insuring local expertise for medical issues.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-16-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Medical Benefits and Retention

DISCUSSION: Medical benefits continues to be a topic of major concern for retirees. Each year, the medical benefits for Retirees continue to erode. Military medical facilities are being reduced or eliminated which not only impacts on retirees but also those on Active Duty. In addition, medical benefits which are available to Retirees are not the same for all the services. Indeed, they are not even consistent throughout the Army. A better case of forgotten promises should be made to our Congress. The bottom line is that until the soldier feels that promises made will be promises kept, a strong incentive for retention is being overlooked.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest quality of health care possible. The following are new initiatives that pertain to our retiree population.

GENERAL - A new generation of Managed Care Support Contracts (MCS 3.0) which places emphasis on improving customer satisfaction and provides better business practices for the future.

RETIREEES INCLUDING THOSE AGE 65 AND OVER -

A three year Medicare Subvention Demonstration is on-going at 6 regional locations.

A TRICARE Senior Supplement Program is set to begin in April 2000.

A TRICARE Pilot Pharmacy Program is set to begin in April 2000.

A Federal Employee Health Benefit Plan Demonstration is on-going at 8 regional locations.

For retirees under the age of 65, the TRICARE program is their health plan. They are eligible to choose TRICARE Prime (in areas where it is offered), TRICARE Extra and TRICARE Standard.

In addition to the initiatives mentioned above, the Defense Medical Oversight Committee (DMOC) is exploring the feasibility of establishing an accrued military retirement health benefit trust fund to provide an explicit retiree health benefit with adequate resources to cover those benefits. Congressional action and Office of Management and Budget approval is required to establish the trust fund. This proposal requires a very clear definition of the retiree health benefit.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-17-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Medical Support for Retirees

DISCUSSION: Over a number of years, tests have been conducted and continue to be conducted to determine better ways to provide medical support for retirees. In the meantime, medical support for retirees has been drastically reduced and the continuation of reducing funding for that support amplifies the problem. This council feels that unless some positive plan of support receives Department of Defense approval, that retirees will find themselves stripped of even the minimum medical assistance now provided. This too reflects the views of most retirees who have been contacted for opinions.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest quality of health care possible. The following are new initiatives that pertain to our retiree population.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-18-00

MACOM: TRADOC

INSTALLATION: Ft. Leavenworth, Kansas

SUBJECT: Medical Care

DISCUSSION: Affordable, no hassle medical care continues to be the number one concern of retirees in this area. The continued reduction of staff and capability at active duty medical care facilities, coupled with the inability of the TRICARE system to adequately serve the needs of the retiree community, is creating significant hardship and stress for many of our military retirees. A much more aggressive campaign is required to restore and retain acceptable levels of medical care for the retiree population. Failure to do so will have long term adverse impact on the ability of the Army to recruit and retain an adequate force of qualified, motivated soldiers.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest

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In addition to the initiatives mentioned above, the Defense Medical Oversight Committee (DMOC) is exploring the feasibility of establishing an accrued military retirement health benefit trust fund to provide an explicit retiree health benefit with adequate resources to cover those benefits. Congressional action and Office of Management and Budget approval is required to establish the trust fund. This proposal requires a very clear definition of the retiree health benefit.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-19-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Health Management for Retirees Over 65

DISCUSSION: Anxiety, confusion and apprehension concerning medical care is prevalent among the military retiree population age 65 and older, as TRICARE is implemented and for the most part excludes that population. With TRICARE patients provided with priority for care, medical facilities in a downsizing mode and the 65 and over age group increasing, many who in the past have relied on military health care, believe that they are being slowly squeezed out of the system. Specific and comprehensive DOD and/or DA guidance targeted at this group of retirees is urgently needed. Such guidance should deal with: (1) How an older retiree can manage his/her own health care; (2) What are the reasonable future expectations from military medical facilities (in-and out-patient care, prescription, dental), including a frank statement on expected limitations; (3) What MEDICARE options are available (fee for service, HMOs, and the

recently enacted MEDICARE Choice Plus legislation), the advantages and disadvantages of each option, the need for enrollment in MEDICARE Part B, and the availability of private MEDIGAP insurance; (4) A brief outline on applicable pending legislation, respective target dates, accompanied by a warning statement that these benefits should not be counted on until they are legislated and implemented.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Council agrees that beneficiaries aged 65 and over need guidance to help them decide who they will obtain health care at the age of Medicare eligibility. Health benefits advisors and the military contractors' TRICARE Service Center staff are available to provide to Medicare eligibles the type of guidance indicated above. Additionally, MTF commanders are required to ensure beneficiaries are advised of the requirement to enroll in Medicare Part B at age 65 in order to avoid a late enrollment penalty. Eligible beneficiaries are advised that Medicare/Social Security Officers are the best option for getting detailed, up-to-the-minute information on the Medicare benefit. As regards the on-going demonstrations, most are locality specific. DOD works to ensure eligible beneficiaries understand all aspects of the various demonstration programs. This includes the fact that the demonstrations are test programs which may or may not become permanent. The Chief of Staff Army Retiree Council will continue to work to improve health options and communications for our senior military retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-20-00

MACOM: MDW

INSTALLATION: Fort George G. Meade, Maryland

SUBJECT: Retiree Health Care

DISCUSSION: Health care is a major concern for Fort Meade area retirees, particularly those over age 65. Veterans recognize and appreciate the progress that DoD has made in recent years (with the strong leadership of DA) to address retiree medical concerns for those over 65 with test programs for Medicare subvention, Federal Employee Health Benefit Plan (FEHBP) and mail order pharmacy. But there is much more that needs to be done. At the grassroots level there is a perceived need for DoD to develop an overall strategy on how to implement a total solution for retiree health care and work with the Congress and the Administration to put it into place.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest quality of health care possible. The following are new initiatives that pertain to our retiree population.

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In addition to the initiatives mentioned above, the Defense Medical Oversight Committee (DMOC) is exploring the feasibility of establishing an accrued military retirement health benefit trust fund to provide an explicit retiree health benefit with adequate resources to cover those benefits. Congressional action and Office of Management and Budget approval is required to establish the trust fund. This proposal requires a very clear definition of the retiree health benefit.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-21-00

MACOM: TRADOC

INSTALLATION: Carlisle Barracks, Pennsylvania

SUBJECT: "Broken Promises" Issue

DISCUSSION: The Carlisle Barracks Retiree Council strongly supports the issues of "Broken Promises" on health care and concurrent receipt of retired & disability pay issues. The obligation for the United States government to fulfill the promises for those who served in the military will not be forgotten because of your efforts. We appreciate and applaud the CSA Council's continued struggle for correction in these matters.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest quality of health care possible. The following are new initiatives that pertain to our retiree population.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-22-00

MACOM: USARPAC

INSTALLATION: Fort Wainwright, Alaska

SUBJECT: Resolution of Support for HR 2966

DISCUSSION: The US Military Retiree Council passed unanimously a resolution in support of the proposed legislation H.R. 2966.

Whereas: We who chose to serve in the US Military were given certain promises at the time of decision as to what we could expect in the way of compensation both during service and the time following retirement, and,

Whereas: We expected a lifetime of health care for ourselves and our families upon retirement, and,

Whereas: We discovered upon retirement, that the promises our government made to us were hollow and bore out to be false, and

Therefore, be it resolved that: We fully endorse H.R. 2966, and we encourage all military retirees to have their voices heard in the halls of Congress.

Please know this resolution is in the forefront of our concerns here in Fairbanks. Recommend all installation Retiree Councils be encouraged to support H.R. 2966.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The DOD understands that the topic of medical benefits is the major concern for retirees. HR 2966 is estimated to cost in excess of \$5 billion dollars annually which makes it cost prohibitive given the current

budget. This is a political issue, thus the CSA Retiree Council defers to DOD for an administration position on HR 2966.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-23-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: SBP

DISCUSSION: This continues to be an area of concern for this council. Retirees feel that the possible benefits that might be derived from SBP are not consistent with the amount of contributions which will be paid by the retiree. There should be a point where the military retiree reaches a cap and should not be required to make additional payments. As it is now, the contribution for a retiree continues until death. Contributions made into another form of retirement over just 20 years would produce a far better benefit without a Social Security offset.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The benefits paid to SBP annuitants are greater than the amount of contributions from retirees. Since SBP was established in 1972, SBP annuitants have received \$1.5 billion more than has been contributed by retirees toward the program. In the future the estimated amount paid to annuitants will continue to exceed the contributions by retirees by more than \$600 to \$700 million per year.

Fort Knox's statement that "As it is now, the contribution for a retiree continues until death" is not correct. Section 641, PL 105-261 dated 17 October 1998 provides for paid-up SBP coverage. Information on the SBP paid-up provision was covered in the October-December 1998 issue of Army Echoes and has been provided to all Retirement Services Officers.

This issue is almost identical to Issue 2-22-99 that Fort Knox submitted last year. They were informed at that time of the SBP paid-up provision.

Recommend the Fort Knox Retiree Council have their RSO give them a briefing on SBP so that they have a better understanding of the program.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-24-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Social Security Offset

DISCUSSION: We continue to feel that the Social Security Offset is unfair and especially penalizes the spouse who has earned a Social Security Benefit on his or her own employment. The contributions made into SBP should be sufficient to continue a reasonable benefit to the spouse of the retiree.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council does not support this issue. The only pay affected by the Social Security offset is the Social Security that applied to the military pay. Since none of the Social Security monies of the civilian spouse is included in the offset formula (6.5% of Retirement Pay on the 35% SBP received by the surviving spouse at age 62), the CSA Retiree Council does not see this as an unfair practice because it does not penalize any surviving spouse, whether they have earned Social Security benefits or not.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-25-00

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, Missouri

SUBJECT: Survivors Benefit Plan

DISCUSSION: The Fort Leonard Wood Military Retiree Council urges the United States Congress and the Administration to pass legislation to eliminate the age 62 Survivors Benefit Plan reduction, and that legislation previously enacted to provide paid-up Survivors Benefit Plan after payment of premiums for 30 years and the member reaching age 70, be made effective immediately upon reaching that milestone and not be delayed until the year 2008, and there be no offset on social security if a spouse paid into social security in their own right.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support this issue; however, due to budget implications, the DOD, OMB and Congress do not support making the paid-up provision during the current 5 year budget cycle. This is an expensive program. Since FY 1990, when SBP costs went to 6.5% and benefits were established at 55/35%; through FY 1997, \$6.6 billion in SBP premiums have been deducted from retired pay while \$9.8 billion has been paid to SBP annuitants. For FY 1997 alone, \$937 million was deducted from retired pay, and \$1.6 billion was paid in SBP benefits. The amount of money paid in benefits will far exceed the money collected in SBP premiums in future years. Terminating SBP costs for certain retirees will further increase the difference between premiums and benefits paid.

A bill, HR 601, has been sponsored and sent to the Armed Services Committee, which would move the effective, date back to 1 October 2003.

Social Security paid by surviving spouses in their own right is not figured into the equation with SBP. The Social Security paid by the retiree on the military earnings are the only Social Security figures used.

Due to misunderstanding of the SBP program, recommend the Fort Leonard Wood Retiree Council have their RSO brief them on SBP.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-26-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: Survivor Benefit Plan (SBP)

DISCUSSION: SBP principal issue is maintenance at 55 percent of basic income to be received by surviving spouse without the current reduction to 35 percent at age 62.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The principle of SBP is that the 6.5% of pay that is contributed by the retiree is to pay for the 35% benefit the survivor receives. The extra 20% that the survivor receives before age 62 is at no cost to the retiree.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-27-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: Retired Pay Offset by Disability Pay

DISCUSSION: Disability pay presently deducted from retired pay is an obvious inequity, which must be eliminated. Of all federal employees, this presently applies only to members of uniformed services. This is a fairness and equity issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. This council will continue its efforts to support this concept by working with the military related private association; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

It should be noted that HR 1401 and S1059 introduced in legislation last year became part of public law 106-65 which was signed by the President 5 October 1999. The provisions which will be implemented by DOD authorizes special monthly compensation to military retirees awarded VA disability of 70% or higher within 4 years of retirement. The amount to be paid an eligible retiree concurrently will be:

- (1) for service-connected disability as total, \$300
- (2) for service-connected disability as 90%, \$200
- (3) for service-connected disability as 80% or 70%, \$100

The CSA Retiree Council appreciates the passage of this new law and will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-28-00

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, Missouri

SUBJECT: Concurrent Receipt of Retirement Pay and DVA Disability Compensation

DISCUSSION: The Fort Leonard Wood Military Retiree Council urges the United States Congress and the Administration to pass legislation that would require the Department of Defense to pay military retirees with disabilities full military retired pay concurrently with DVA disability compensation thus giving them treatment equal to all other US citizens with service connected disabilities. This concurrent payment should be made to all military retirees with

service-connected disabilities regardless of the level of disability, or when it was awarded.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. This council will continue its efforts to support this concept by working with the military related private association; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

It should be noted that HR 1401 and S1059 introduced in legislation last year became part of public law 106-65 which was signed by the President 5 October 1999. The provisions which will be implemented by DOD authorizes special monthly compensation to military retirees awarded VA disability of 70% or higher within 4 years of retirement.

The amount to be paid an eligible retiree concurrently will be:

- (4) for service-connected disability as total, \$300
- (5) for service-connected disability as 90%, \$200
- (6) for service-connected disability as 80% or 70%, \$100

The CSA Retiree Council appreciates the passage of this new law and will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-29-00

MACOM: FORSCOM

INSTALLATION: Fort Campbell Kentucky

SUBJECT: Presentation of the United States of America Flag to Military Retirees

DISCUSSION: The United States Congress authorized presentation of the United States of America Flag to military personnel upon their retirement effective 1 October 1998. Although Congress has authorized the presentation of the flag to retirees, DOD has not issued any guidance on this subject and retirees view this as just another broken promise. This program needs to get started immediately and retirees who retired on or after 1 October 1998 should be issued their flag.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: ODCSPER issued guidance in a memorandum dated 29 March 2000, Presenting United States Flags to Retiring Soldiers. The memorandum requires "Effective immediately the Commanding Officer of the member's last permanent duty station shall present a United States flag, on behalf of the Secretary of the Army, on the occasion of an active duty member's transfer to the retired list, placement on the Temporary Disability Retired List (TDRL), or retirement in lieu of elimination. Installation Transition Centers or unit commanders will procure flags for retiring military members, without regard to service affiliation, in joint organizations for which the Army is executive agent. The use of appropriated funds to procure a display box for a retirement flag is not authorized by this statute." The

memorandum also directs that the flag to be presented will be a 3'x5' cotton, outdoor flag.

Installations are required to provide flags to all personnel who have retired since the 1 October 1998 establishment of this requirement. Installations must also create procedures for retroactive issuing of flags and advise eligible personnel through local retiree newsletters, The Army Echoes, and retiree news bulletins. The installation will maintain a roster of all retirees who receive a flag. Anyone who has already retired must present a DD214 in order to receive the flag. Future retirees will have DD 214 annotated to indicated receipt of a flag upon retirement.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-30-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Space A Travel for Surviving Spouses

DISCUSSION: The CSA Retiree Council has rejected this subject in the past. Yet, the plight of the surviving spouse remains. We believe that as long as the spouse does not remarry and if a spouse is eligible during the life of the Retiree, then there is no valid reason why this benefit should not continue after the death of the Retiree. Again, an incentive for retention is being overlooked.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This issue is almost identical to issue 02-30-99 that Fort Knox submitted last year, except for the position that granting Space A travel to surviving spouses would be an "incentive for retention". None of the studies and surveys on retention show Space A travel for surviving spouses as a factor in any Servicemember's decision to remain with, or leave the Army.

The CSA Retiree Council does not support this issue. As was pointed out in last years report, the CSA Retiree Council is not alone in not supporting the expansion of Space A travel eligibility.

The General Officer Steering Committee of the Army Family Action Plan has also addressed this issue and determined it to be "unattainable". In addition, the Air Force Retiree Council has considered this issue and decided not to pursue it. In every review of this issue and other requests to expand the eligibility for Space "A" travel, it has been determined to be in the best overall interest of the military and the retired community to not seek change to the eligibility criteria.

A summary of the rationale for these decisions follows:

a. Including spouses of deceased retirees would open the door for inclusion of many other categories of personnel which would reduce (even at a lower priority than active duty) the Space "A" opportunity for active duty members and retirees, who are intended

to be the primary beneficiaries of the Space "A" program. Three examples follow:

- (1) Retired Reservists, not yet age 60 and not in receipt of retired pay, can utilize Space "A" travel within CONUS. Their spouses and children are not authorized such travel. Therefore, Space "A" travel, CONUS and OCONUS, could be supported for these individual also.
- (2) Former spouses are entitled to a military ID card but are also denied Space "A" travel privileges. These military ID cardholders, along with their children with military ID cards, could also be supported for Space "A" travel eligibility.
- (3) Partially or totally disabled veterans, retired DOD civil servants, Reservists and their dependents, etc., whose requests for Space "A" privileges also have some merit.

b. We should not raise the expectation of yet another group of Space "A" travelers when the system is essentially short the capacity to meet current expectations.

c. To support expansion of Space "A" travel privileges for one category of military ID card holders, without expanding it to all military ID card holders, may, by some, be interpreted as discriminatory.

d. The current policy is consistent with the intent of Congress.

e. Use by retirees was challenged in the past, but DOD was successful in retaining retiree use.

f. Past GAO criticism of DOD use of airlift has resulted in maximum utilization of seats and cargo space with revenue traffic and has diminished excess capability.

g. Proposals to Congress for approval to revise regulations on Space "A" travel could jeopardize the existing Space "A" program.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-31-00

MACOM: FORSCOM

INSTALLATION: Fort McCoy, Wisconsin

SUBJECT: Dependent ID Cards/Benefits

DISCUSSION: When dependents are issued military ID cards, they are automatically entered into DEERS (Defense Enrollment Eligibility Reporting System). This entitles the dependent to Tricare Medical Benefits. Dependent ID cards have an expiration date. When that date arrives, the person is automatically disenrolled from DEERS. If the dependent is not aware of the expiration and attempts to receive medical care, they are told they are ineligible. Therefore,

it is recommended, that dependents be informed 90 days prior to the expiration date of ID Cards/Benefits. This would be similar to notifications of pending driver's license or insurance expirations.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council has looked into this proposal and, although it appears to have merit on the surface, the implementation of it would require a massive, costly, unfunded new effort by the DEERS. There are over 8 million names in the DEERS. To notify all of the dependents ID Card holders in advance of the expiration date of their ID Cards would require a major additional task for an already fully committed system.

Personal responsibility is the key to this issue. The Army provides numerous benefits and privileges to our active and retired military personnel and their dependents; however, it is the individuals responsibility to insure that they obtain and maintain the documents that establish their eligibility to receive these benefits. In most cases, the ID Card is the basis for establishing eligibility. It is the Council's opinion that this responsibility should continue to remain with the individual.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-32-00

MACOM: TRADOC

INSTALLATION: Carlisle Barracks, Pennsylvania

SUBJECT: Retired Reserve Component Commissary Privileges

DISCUSSION: Currently, the "Gray-Area" Reserve & National Guard retirees are limited to 24 annual Commissary visits. It is not until a "Gray-Area" retiree turns 60 years old, that they too, enjoy unlimited access to the Commissary. This council endorses a change to allow those in the "Gray-Area," **unlimited** access to the Commissary. Not only would this bring in more income into the DECA system, but it would save the U.S. Government money, since the Commissary Privilege cards would not have to be printed and mailed annually to all the "Gray Area" retirees. Unlimited Commissary access would also be a Reserve and National Guard reenlistment incentive that would be most cost effective since there will be no cost involved!

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the unlimited use of the commissary by "gray-area" retirees. The Army Family Action Plan has also made this one of their active issues (AFAP Issue 381). Additional revenues to the DeCA system, cost elimination for annual mail out of gray-area commissary privilege cards and a new retention benefit offered to the reserve component members support the value of this proposal; however, approval by the Congress is required for implementation. In the past, concern expressed by the grocery associations have influenced Congress not to expand beyond the 24 annual commissary visits. The CSA Retiree Council will continue to support unlimited commissary use by "gray-area" retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-33-00

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, Missouri

SUBJECT: Refund of Medicare Part B Premiums

DISCUSSION: The Fort Leonard Wood Military Retiree Council urges the United States Congress and the Administration to pass legislation to eliminate the penalty for Medicare Part B for military retirees who did not opt for Medicare Part B when they turned 65 and who would like to opt for Part B at a later age.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support this issue. The Council is well aware of this issue and has expressed its concern in previous reports to the CSA. The Office of the Surgeon General is also aware of this concern. Both The Surgeon General and the CSA Retiree Council fully support the waiver of Medicare part B penalty for beneficiaries who rely on military treatment facilities which downsized or closed due to BRAC action or military system downsizing. Legislation, HR 121, has been introduced addressing this problem. This Council will continue to work for a favorable resolution of this issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-34-00

MACOM: Military District of Washington

INSTALLATION: Fort Myer, Virginia

SUBJECT: Private Monuments in Arlington National Cemetery

DISCUSSION: Currently, military personnel eligible for burial in Arlington National Cemetery have the option to purchase a privately arranged gravestone which meets specifications and be buried in an area of the cemetery designated for burial under this arrangement. However, current projections indicate that the areas designated for such burials will be filled up in the year 1999. This fact is not yet well known and when revealed after the current capacity is exhausted, it will, no doubt cause unwarranted grief and frustration. Now is the time to avoid this situation. If no other area can presently be designated for this type of burial, since an expansion of the cemetery is still in the planning phase, there is an interim solution available. While advance reservations for gravesites are not currently permitted, there exist 8,000 gravesite reservations for spouses within the sections, which permit private monuments. These reservations date back to the time when graves were not dug deep enough to receive multiple coffins. The cemetery administration presently does not keep track on the continuing need for these gravesites. If follow-up action were taken, we can be sure that many of these reserved sites are no longer in demand. Such action may well assure continuing eligibility for burial with private monuments until new sections are opened, after expansion of the cemetery.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council contacted the Deputy Superintendent of Arlington National Cemetery, Mr. Thurman Higginbotham, to discuss the recommendation

made by the Fort Myer Community Retiree Council. Prior to 1962, the standard practice for interment of a veteran and spouse in Arlington National Cemetery was side by side. Additionally, the standard gravesite measured 12'x15'. Since 1962 the practice is to intern the couple one on top of the other and in a smaller space of 5'x10'. Therefore, the statement indicating early graves (those prior to 1962) are not dug deep enough is not entirely accurate.

While it remains the policy of Arlington National Cemetery not to accept advance reservations, Mr. Higginbotham restated his commitment to work with retiree families in making available gravesites which will support the purchase of a privately arranged gravestone. It is not feasible to predict when the availability of these sites will be exhausted. The administrative staff is working to manage this requirement and where possible free up additional spaces when it is verified the spouse will no longer be a part of the interment arrangements.

Mr. Higginbotham is available to discuss this and other recommendations. He can be reached at (703) 695-3175.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-35-00

MACOM: FORSCOM

INSTALLATION: Fort Lewis, WA

SUBJECT: Installation RSO Insert to "Army Echoes"

DISCUSSION: Each major Army installation commander has a responsibility to communicate with retired constituents residing within that installation's area of retirement service jurisdiction of operations (AO). Staff responsibility is that of the installation Retirement Services Officer (RSO). This service is valuable to the retirees as local services, programs, activities, and Retiree Appreciation Days (RADs) can be reported accurately and in timely fashion. Over past years, installation funding has been reduced from four funded newsletter mailings annually to a Department of the Army requirement that each RSO provide two annual mailings. Recently revised AR 600-8-7, Army Retirement Services, now states installations will provide "at least one newsletter per year." While some installations have reduced their printing to one newsletter annually, it is anticipated more will follow suit as funding becomes more restrictive. As a result retirees will suffer by being less informed and less involved in installation functions and support. To avoid the perception of "one more benefit lost", the Fort Lewis Retiree Council has determined one annual newsletter is inadequate to support the needs of over 39,000 Army retirees in its AO. Fort Lewis Commanders have supported the Council in this determination. Additionally, HQDA Retirement Services has reduced the publication and distribution of "Army Echoes" from quarterly to three editions per year because of funding constraints. It is recommended that HQDA Retirement Services establish a "Pilot Program" allowing RSOs from a few selected installations to transmit

a four page (two pages, front and back) installation specific insert, by e-mail, to HQDA Retirement Services. These inserts, part of the three "Army Echoes" for those selected installations will be printed, collated, inserted and mailed by HQDA Retirement Services to retirees only within AOs of the "Pilot" installations. An After Action Report will be conducted by HQDA Retirement Services in coordination with "Pilot" installation RSOs to determine efficiencies, cost savings to the Army and improvements required for implementation (if indicated) Army wide. With ever changing and improving technology in communication, printing, collating, and labeling, Fort Lewis envisions Army wide implementation of such a program will result in considerable savings to the Army and an improvement in providing timely information to retirees.

At the installation level, newsletter printing and mailing costs along with borrowed volunteer manpower and RSO effort in preparation of newsletters for printing, labeling and sorting will be eliminated resulting in resource savings to the installation RSO. Increases in printing and bulk mail costs to HQDA Retirement Services appear minimal as the total number of pages increases only by four due to the added installation insert. Army retirees will receive installation news and items of interest along with "Army Echoes" at least three times per year. They will continue to be informed members of the Total force. As the installation with one of the largest retiree populations in CONUS, Fort Lewis volunteers as a "Pilot" installation.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council appreciates the amount of time and effort that went into this issue. The Council also shares the Fort Lewis Council's concern for keeping retirees informed.

Currently, Army Echoes contains information of value to all retirees with some items of local interest, i.e., RSO Points of Contact and dates of Retiree Appreciation Days. Installation newsletters augment the Echoes with information specific to that information. To publish one or more regional inserts may be technically feasible.

The CSA Retiree Council and local councils are encouraged to explore alternate avenues to dispatch information to retirees., i.e., Internet and Email use, private retiree organizations, installation news papers, etc.

Request the Fort Lewis Retiree Council further develop this proposal to determine its technical feasibility and the mechanism to provide funding support.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-36-00

MACOM: FORSCOM

INSTALLATION: Fort Polk, Louisiana

SUBJECT: Publication of Army Echoes (AE)

DISCUSSION: In the past Army Echoes was published quarterly - this was great, but not as good as the publication every two months which was changed several years ago. This year publication has been cut

back further to semi-annual. This is not often enough to keep retirees fully informed of activities affecting them. This publication also goes to active duty personnel with 19+ years of service.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The support of the Fort Polk Installation Retiree Council is recognized and appreciated.

At the present time, DCSPER Retirement Services publishes and distributes three issues of Army Echoes.

We agree that four issues per year would be preferred and recommended, and recognize the number of current publications is driven by the amount of funding provided. Three issues address the major events that occur each year: COLA to retired pay which is computed in October and effective 1 December; mailing of 1099-R by DFAS-CL and DFAS-DE in January; and Congressional completion of the Defense Authorization and the Veteran's compensation increases which are usually completed in October. The fourth issue would focus on other topics of special interest to retirees. By planning the publication of Army Echoes around these major events, retirees will be receiving the same information that is of greatest importance to them.

Efforts to restore the fourth issue needs to be a high priority for the DCSPER. The Council recommends exploring alternative funding options such as sponsorship by AAFES/DeCA or other sources. The need to enhance communications with retirees is an imperative.

CHIEF OF STAFF RETIREE COUNCIL ISSUE 03-37-00

MACOM: TRADOC

INSTALLATION: Fort Lee, Virginia

SUBJECT: Support Recruitment Efforts

DISCUSSION: The Retiree Council of Fort Lee strongly suggests that the Chief of Staff communicate with each retiree for the purpose of urging each such retiree to support the recruitment efforts of the Army.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The support of the Fort Lee Retiree Council for the recruiting effort is appreciated.

It is important that the CSA continue to use all opportunities to share information with the retiree community. The CSA Retiree Council will encourage submission of updates to the retiree community in Army Echoes as a viable way to keep communications open.

Recruiting is an area where retirees can and do play a big role, either positive or negative. Each member of the CSA and installation council has a very real responsibility to make that influence positive.

The CSA and installation councils have a charter to address the underlying reasons why not every retiree supports the recruiting effort and to work toward resolution of these issues.

Chains of command at the installations and the CSA Retiree Council need to be supportive of those retirees who do support the recruiting effort and those who want to but don't know how.

Installation council members are encouraged to contact local recruiters to offer support and to determine how they can best help in this effort.

Retiree involvement is best planned, coordinated, and executed on the local level. Only at the local level can it be determined if the volunteer retiree is a positive or negative spokesperson.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-38-00

MACOM: USARPAC

INSTALLATION: Fort Richardson, Alaska

SUBJECT: Recruitment

DISCUSSION: Currently, retention of first-termers is at an all time low. Retirees can assist with recruitment and getting out the Army story. While benefits have eroded over the last few years, retirees can still proclaim the military is a good place to start and consider as a career. We recommend that the DA Council encourage all installation Councils to become involved in the recruitment effort.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The support of the Fort Richardson Retiree Council for the recruiting effort is appreciated.

In the past, installation retiree councils have been encouraged to become active in the community and provide positive support for the US Army and the recruiting effort. It is important that the positive aspects of the service to country is espoused by retirees, and they have been asked to do this.

These efforts, as recommended by Fort Richardson, should be an ongoing project by all installation retiree councils.

It is suggested, that if Fort Richardson has an ongoing program to support recruiting, they should pass that information to other retiree councils that could be used as a model. If Fort Richardson so desires, they can forward information on their program to the CSA Retiree Council and the CSA Retiree Council will review, and endorse it before forwarding to all installation retiree councils.

Also see Issue 03-37-00.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-39-00

MACOM: USARPAC

INSTALLATION: Schofield Barracks, Hawaii

SUBJECT: Retiree Speakers Program for Recruitment/Retention

DISCUSSION: The Services are presently experiencing difficulty with soldier recruitment and retention. Besides recruiting offices, there are few places where young people who are considering military service can obtain information about real-life experiences in the Army.

Retirees are a potentially valuable source of good speakers. They have the experience and wisdom about service life, and they know from experience the great value of a military career and about retirement benefits. Retirees often share their military experiences through casual conversation with young people in their communities. An effort should be made to establish retirees as speakers in an organized team, for recruitment purposes.

Qualified speakers who served many years in the Armed Forces are able to provide this information, as well as relate their experience about military life that young people seldom hear these days. The opportunity for a young man or woman of high school or college age to hear a veteran retiree speak and to be able to ask pointed questions about choosing the Army as a career choice would be very beneficial in the recruitment effort.

We propose that the Army or Department of Defense consider the establishment of a retiree speakers program. Use of knowledgeable and highly qualified retiree volunteers could be very effective in recruitment and retention of soldiers. Development of a formal program for making speakers available to all the military bases, colleges, high schools and other military and military related groups would support this effort.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The support of the Schofield Barracks Retiree Council for the recruiting effort is appreciated.

A retiree speaker program is best planned, coordinated and executed at the installation level. It would be extremely difficult for Department of Army to effectively administer a program designed to operate in a local community. It is at the installation level where it is easiest to know the speakers and make the determination if the speaker is a knowledgeable and highly qualified retiree volunteer.

Recommendations have been made in the past that installation retiree councils become involved in their community. Members of the retiree councils in speaking at community associations or organizations, i.e., Kiwanis, Rotary, Lion, Chamber of Commerce, etc., could provide valuable information to those in attendance.

It is more important that retirees speak to parents and to their peers in the community, rather than speaking to young men and women.

Recruiting command has found that because of the age difference, it is not always easy for even recruiters age 35 or 40 to relate to 18 and 19 year old boys and girls. That's why the Recruiting Command has formed the Hometown Recruiter Assistance Program and The Corporal Recruiting Program to be successful, because it is young soldiers relating to their peers. However, this does not mean that when the opportunity arises, retirees should not speak positively about the US Army and service to their country.

All See Issues 03-37-00 and 03-38-00.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-40-00

MACOM: FORSCOM

INSTALLATION: Fort Stewart, Georgia

SUBJECT: Active Army Utilization of Army Retirees

DISCUSSION: As the Army retiree community increases, it constitutes a priceless source of skills, abilities and experiences that could be of benefit to the Army in accomplishing its overall mission. The CSA Retiree Council has recognized this fact and has encouraged greater utilization of retirees by the active Army. Despite this recognition and encouragement, little serious effort has been made by the active Army to optimize the utilization of Army retirees who are willing and able to be "Retired, Still Serving." To date, the utilization of retirees continues to be relegated to manning information booths and performing routine tasks primarily at installations or medical treatment facilities. There are, however, other opportunities for service for retirees than optimize the wealth of skills and experiences of retired senior officers and NCOs. Many would volunteer if asked, to perform interesting and challenging tasks such as those associated with recruiting, ROTC and installation retirement services. With a proper orientation and ITO's to cover any travel expenses incidental to the performance of assigned tasks, the retiree community can become an invaluable adjunct to the active Army's mission accomplishment.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The interest of the Fort Stewart Retiree Council is appreciated. In past years, the CSA Retiree Council has made recommendations to installation retiree councils to become involved as Fort Stewart has stated.

The programs that Fort Stewart is recommending are best planned, coordinated, and executed at the installation level. Retirees are already volunteering to be ROTC instructors and on installation retiree councils. The use of retirees in the recruiting effort has also been supported by the CSA Retiree Council.

The CSA Retiree Council will present this issue to the DCSPER for support through the chain of command at installations. A letter to commanders and an article in Echoes or Army Times could do much to emphasize (highlight) this resource.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-41-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Restoration of Compulsary Service

DISCUSSION: It is recommended that consideration be given that the Department of Defense adopt a positive stance toward a program of Universal National Service. The title of a program to replace the draft is not important and UNS is a title used only for the purpose of this submission. The number of new recruits who do not complete the first 90 days of basic training is alarming. In addition, the idea of military service being a job rather than a service has caused a deterioration in the sense of citizen responsibility. There is too much of an attitude today that others should be defending the freedom and security of the majority of our citizens. Thus, in effect, we have created two classes of citizens, the defended and the defenders. Since both males and females would have to be considered under any plan and obviously, not all will want to serve in our armed forces, other forms of service such as the Peace Corps, etc., would be available.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The interest of the Fort Knox Retiree Council in universal service is appreciated. However, the scope of this issue is beyond the charter of the Chief of Staff Army Retiree Council.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-42-00

MACOM: USARPAC

INSTALLATION: Schofield Barracks, Hawaii

SUBJECT: Obligatory National Service

DISCUSSION: There are a great many advantages both to individuals and to the Nation to devote a specified period of time serving the Country. Instead of drafting only eligible men, a system that would require one year of service by both men and women would have a great deal of merit if it were fairly administered. Just a few examples are:

"Rights of Passage"

Pride of citizenship

Maturing - leaving home and adjusting to changes

Meeting new people and making lasting friendships

Basic job training

Physical fitness

Consideration should be made to promote and support the concept of a One-Year Compulsory Service. Key features would include:

- All men and women
- Eligible at age 18
- Excused only if physically or mentally incapable, is a sole surviving child, or for family hardship

- Can be deferred for up to 4 years for continuous education at a certified school
- Option to join any of the five services
- Grant a special bonus for regular enlistment beyond the obligatory service

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The interest of the Schofield Barracks Retiree Council on obligatory national service is appreciated. However, the scope of this issue is beyond the charter of the Chief of Staff Army Retiree Council.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-43-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Guidance to Retirees from the Chief of Staff of the Army (CSA)

DISCUSSION: The motto that "Retirees Also Serve" is taken seriously by many retirees. Retirees are in the forefront in defending the military establishment within the civilian and even the legislative sectors of the country. However, there appears to exist a lack of direction without specific, identifiable goals for whatever effort is being exerted by the retired community. It is suggested that the CSA be provided with the opportunity to fill this void by addressing all retirees directly, in a reserved space of every issue of every issue of Army Echoes.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: It is important that the CSA continue to use all opportunities to share information with the retiree community. The CSA Retiree Council will encourage submission of updates to the retiree community in Army Echoes as a viable way to keep communications open.

Retiree involvement is best planned, coordinated, and executed on the local level. Only at the local level can it be determined if the volunteer retiree is a positive or negative spokesperson.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-44-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Support for the USSAH Armed Forces Retirement Home

DISCUSSION: The Soldiers' and Airmen's Home in Washington, DC is in dire financial straight. Unless prompt action is taken, the home is projected to be insolvent by the year 2004. Residents in the home are anxious about their future and do not know if they can count on this facility in the last years of their lives. Recent Congressional action has not been helpful. A DOD plan is necessary to assure the future functioning of this vital facility. Residents should be unequivocally assured that they do not need to worry, that this home will be there for them as long as they are alive. The retention of this home is an obligation for every Army retiree.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The interest and support of the Fort Myer Retiree Council for the Armed Forces Retirement Home (AFRH) is appreciated.

The Board of Directors of the AFRH is working on a plan to make both the US Soldiers' and Airmen's Home in Washington DC and the Navy Home in Gulfport MS financially secure for the future. The DCSPER and SMA are members of the AFRH Board of Directors.

Retiree support for the AFRH has been solicited in Army Echoes. Retiree donations to support the Homes has been encouraging, with Army retirees being the largest donors of all the services.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-45-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Army Retiree Designation

DISCUSSION: This item is submitted again for consideration. It is proposed that all retirees who are on a pay status be designated as Retired, US Army. After retirement, all are part of the same army and receive the same benefits. There is a time when the philosophy of the One Army concept should be implemented in total. This would be a tremendous step forward to implement the spirit of the concept and to show that the US Army is a total family of all its components. Competition and rivalry can be beneficial but not if they produce something less than a team.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Clarification of this issue with the Fort Knox RSO indicates Fort Knox Council concern over the use of separate designation of Regular Army officers as retired U.S. Army vice the designation of Title 10 Reserve Component retirees as Retired, Army of the United States. They felt this represents a different indicator of the proud heritage of reserve component retirees. This issue has been submitted to and disapproved by the Secretary of the Army. Thus CSA Retiree Council sees no reason to pursue this issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-46-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Service Retiree Concerns

DISCUSSION: Contact in the field with other services reveals that there is little communication between services. We recognize there is communications at the CSA level but this does not continue down to the installation level or the retiree. The problems of retired military personnel are not unique to the Army. Each service is in contact only with its own retirees. Thus, in any specific area, a military installation is in contact only with retirees of that particular service. Members of other services are in contact with the installation of that service which may be hundreds of miles

away. This very obvious void is a disservice to retirees and should be recognized.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: There is communication between the services. Service retiree council chairmen are invited to attend the other service retiree council meeting. For the past three years, all service retiree council chairmen have attended the CSA Retiree Council meetings. Also during the past 3 years, service retiree council chairmen have met with DOD officials as a group.

Members of other service retiree councils receive copies of Army Echoes, and service retiree council chairmen receive copies of Max Facts as well as CSA Retiree Council reports. Many installation retiree councils include members from all branches of uniformed services.

If an installation and an installation retiree council is only in contact with retirees of their service, then that is a choice made by the installation and the installation retiree council. The CSA Council does not direct, nor should they, the policy and actions of an installation commander or the chairmen of an installation retiree council.

Installation Retirement Service Offices (RSO) have in the past assisted other service retirees to the maximum extent. To require installation RSOs to support other service retirees would not only dilute the support they presently provide Army retirees, but it would add a mission for which they do not have the manpower to provide. Further, since the Army is the only service with federal government employees serving as RSOs, the support provided by other services to Army retirees would not be on a reciprocal basis.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-47-00

MACOM: TRADOC

INSTALLATION: Fort Leavenworth, Kansas

SUBJECT: Communication among Retiree Councils

DISCUSSION: At present there does not exist a forum through which Retiree Councils nationwide can share information and exchange ideas on a timely basis. Such a forum would significantly enhance the ability of Councils to execute their mission and improve their ability to serve their respective retiree communities. It is recommended that consideration be given to establishing an electronic forum to which all retiree councils could subscribe. It is further recommended that the CSA Council plan and host an annual meeting for council chairmen and co-chairmen for the purpose of updating council leadership nationwide on issues, programs, and initiatives related retiree concerns and well being.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Chief of Staff Army Retiree Council has always supported and recommended that installation retiree councils correspond with each other. Each

Installation Retiree Council chairmen with Internet capability can establish an address book of other installation retiree council chairmen with Internet capability. All installation retiree council chairmen who have supplied an Email address are in receipt of Max Facts.

In the past installation retiree councils have been encouraged to share their meeting minutes and after action reports of the Retiree Appreciation Days (RAD) with other installation retiree council chairmen. If they have not, then that is a choice made by each installation retiree council chairmen.

Installation retiree councils have been asked to share their meeting minutes and RAD after action reports with the Army's Retirement Services Office. To date, not all installation retiree councils have been supportive of this request, with only a few sending these reports on a regular basis.

The Chief of Staff Army Retiree Council does not have the funds, or personnel available to sponsor or host a meeting of installation retiree council chairmen. However, if Fort Leavenworth or any other installation would like to sponsor or host such a meeting, the CSA Retiree Council Co-chairmen would attend. Each installation retiree council would have to be notified at least one year in advance, so that the funding to send their chairmen could be placed in their installation budget. Army Retirement Service Office would also support such an initiative by Fort Leavenworth or any other installation and provide funding for the CSA Retiree Council Co-Chairmen to attend.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-48-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Travel Pay and Per Diem

DISCUSSION: This has been previously submitted. Several Councils provide Travel Pay and Per Diem for their members. Perhaps a standard policy could be formulated that would apply to all Councils. For those who reside only a short distance from the military post, there are benefits that would be derived from being placed on orders without pay. The expense for members who travel hundreds of miles to attend meetings is substantial when the cost of travel, lodging and meals are calculated.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council has looked into this issue. An installation has the option of determining whether it will provide Travel Pay and Per Diem to retirees performing official activities. It is a matter of installation management of limited assets, and the Retiree Council does not consider it appropriate to request formal changes to the existing policy. Installation Retiree Council members are encouraged to discuss this issue with their installations to determine if some

of the retiree travels can be accommodated within current budget constraints.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-49-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Restoration of Defense Funding

DISCUSSION: This subject is a resubmission from last year. This council has again resolved that our leadership, both civilian and military of our armed forces take immediate action to recommend to the Congress to provide funding to restore the viability, morale and readiness to our fighting forces. This subject is included as an indication of the support of the Retired Community and as recognition of the deterioration of our ability to fight two major wars at the same time in two different parts of the world.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: While the CSA Retiree Council agrees the Army needs adequate funding, it is beyond the CSA Retiree Council Charter/mission. Defense funding is a decision that resides with the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, and the Administration. Increased defense funding has been proposed by the Administration and it appears Congress is also supportive of increased funding even beyond the Administration's proposal.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-50-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Force Structure Needs

DISCUSSION: This topic has been submitted annually for the last several years. It recurs necessarily if only to state the support of Retirees. The Mission of the Defense and Security of our Nation must never be superseded by any other priorities. All who are retired understand this. To this end, the Retired Community continues to feel that we need to be better informed in order that maximum assistance and support can be provided. The weight of Retirees can only be effective if the needs of our military services are better communicated. While the US Army cannot become involved in politics, Retirees are not subject to this restriction. But concern with National Security is always a top priority and there is a continuing and pressing desire to provide what the active force cannot.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Retirees, as citizens of the United States, have the right and are encouraged to correspond with their elected officials. The CSA Retiree Council charter/mission has always devoted its attention to retiree issues; not on force structure, management, or appropriations.

It should remain that way. If Fort Knox and their retirees want to express their views to their elected officials on other matters, there is sufficient information provided by various veterans and

military association/organizations that are anxious to provide that information including those communications sponsored by AUSA, NAUS, Army Times, VFW, American Legion, Military Organization of the World Wars, and many more.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-51-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: Agent Orange

DISCUSSION: This is another topic with which this Council has continuing concern. Direct contact by many Council members with Viet Nam veterans reveals frustration and anger suggests that not enough is being done to provide assistance to those who have been exposed to Agent Orange. It is enough to have suffered through the war without continuing to suffer as a result of exposure to this chemical.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This issue has been raised to the CSA Retiree Council in previous years. The CSA Retiree Council has been apprised that the Veterans Administration (VA) has contacted all Vietnam veterans and requested information regarding Agent Orange exposure. They continue to provide laboratory and clinical tests, physical examination, and collect medical history on all Vietnam veterans. The VA will continue to provide information concerning Agent Orange to any Vietnam Veterans who request it and has previously communicated with a VA office.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-52-00

MACOM: USAREUR

INSTALLATION: USAREUR

SUBJECT: Direct Deposit of Annuitant Checks to Foreign Bank Accounts

DISCUSSION: Annuitants residing OCONUS who do not have a US bank account must receive their payments from DFAS by check, because DFAS, unlike the Social Security Administration and the Department of Veterans Affairs, has not implemented the capability for direct deposit to foreign banks.

Due to international agreements and banking laws in many foreign countries, surviving spouses of US military retirees often lose their privilege to utilize banks on military installations when the sponsor dies. With the drawdown of the forces and closure of military installations, the option of banking on an installation is a moot point for many other annuitants.

The practice of payment by check is not only costly to both the Government and the recipient, it is also very often extremely burdensome for OCONUS recipients. For some, the burden is simply the cost of having the US dollars converted into foreign currency, which can cost up to 15% of the amount of each check in fees and commissions of various financial institutions. For many others, the

burden imposed does not end with the cost of conversion. Many surviving spouses face challenges of physical disability and/or of obtaining transportation in order to convert the annuity payments.

DFAS should implement expeditiously a direct deposit system for surviving spouses residing in foreign countries to have their annuity checks deposited directly in foreign banks in the same manner that social security recipients have enjoyed for some time.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This is an issue which the CSA Retiree Council supports.

At present, surviving annuitant can have checks deposited in a foreign bank which deals with US banks, i.e., checks are deposited in the US bank and then transferred to the foreign banks.

The same capability does not presently exist with retiree checks. Contact with the Director of Retired Pay Operations at DFAS Cleveland indicates that there is an initiative for changing the system, but it will take time to complete the necessary coordination with the US Treasury. The DCSPER Retirement Services Office will encourage DFAS to place priority on this issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-53-00

MACOM: MDW

INSTALLATION: Fort George G. Meade, MD

SUBJECT: Communication with the Defense Finance and Accounting Service - Cleveland Center (DFAS-CL)

DISCUSSION: Members of the Fort Meade retiree community have encountered difficulty in making telephonic contact with personnel at DFAS-CL. It is not unusual to wait up to 40 minutes to talk to someone. Normally, one of two things happens. If the 1-800 number is not busy then you will be told to call back again at a later time. Or, you will be advised of the wait time remaining before someone will be available to talk with you. This wait time has been as long as 40 minutes and after being placed on hold for several minutes you're given a time before a person will be available to talk to you (e.g. 30 minutes, 20 minutes, etc). This procedure, while it may keep a retiree informed who is waiting on the telephone line, is frustrating, and degrading to retirees. Specifically, these waiting and call back advise procedures were experienced as early as 16 November 1998 and as recently as September 1999. The Fort Meade Council has learned that "Gray Area" retirees have encountered similar problems when attempting to contact the Army Reserve Personnel Center (AR-PERSCOM).

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Installation Retirement Service Office remains the retiree's initial point of contact to answer questions and obtain assistance in resolving situations. This not only saves the retiree a lot of time and takes the work load off of DFAS-CL, but more importantly, places the request in the hands of a knowledgeable expert in the handling of retiree issues and situations.

In the future, the implementation of the new DFAS computer system which will permit retirees to view their DFAS pay account and make certain changes in their account will not only be faster and more response, but will take another workload off the RSO and DFAS.

The timing of calls has much to do with the success rate of getting through; fax and e-mail are other options, which have proven useful. Fort Benning has had success with inviting DFAS to send a representative with a laptop computer to the installation annual retiree open house. Retirees are encouraged to visit the representative and make on the spot adjustments to their pay records, to include allotment changes and tax exemptions.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-54-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Use of Social Security Numbers at Commissaries,
Post-Exchanges and other Military Establishments.

DISCUSSION: With name, address, telephone number and social security number financial fraud becomes easy to perpetrate in this computer age. A criminal with this information can access and manipulate bank and other financial databases and wreak havoc with the victim's accounts. As the various military sales establishments habitually request this information when purchasers are paying by check, many retirees have asked banks to imprint all this information on their checks. This makes them extremely vulnerable to fraudulent act. To prevent and reduce fraud, retirees should be cautioned not to imprint their SSN and telephone number on their personal checks, also, in some States where the Driver's License is the SSN, a person can request a different Driver's License Number. Military sales establishments should not be required by regulation to force the notation of SSN's on checks - computer checks based on ID card examination should be deemed sufficient to verify check privileges. As necessary, regulations should be changed to remedy procedures.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council does not support this issue. Although the idea appears to have merit from the standpoint of preventing identity theft, it is unworkable in the DOD retail system because the Social Security Number is required to establish eligibility to shop (through the DEERS data base) and to authorize check cashing privileges. It should be noted that check cashing is not a right but a privilege which, in the case of the DOD retail system, requires the Social Security Number in order to establish eligibility to take advantage of the privilege. The DOD retail system does not release Social Security Numbers to other agencies and the CSA Retiree Council has been advised that there have been no reported incidents of identity theft attributed to the DOD Retail system.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-55-00

MACOM: MDW

Installation: Fort Myer, Virginia

SUBJECT: Presidential Appointments to Military Academies

DISCUSSION: Currently, children of military retirees are eligible for Presidential appointments to the military academies. Yet, the preponderance of retirees no longer have College-aged children, but more likely College-aged grandchildren. It is therefore suggested that grandchildren of military retirees be made eligible as alternates for Presidential appointments to the military academies.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council does not support this issue. Sons and daughters of career military personnel - active, retired, and deceased - are nominated through the presidential cadetship category. While the number of candidates who can qualify for a nomination is not limited, appointment can be made to only 100.

If expanded as suggested, it is possible that grandchildren would not have parents with any military service or connection. This would de-value the cadetship program for children of retirees.

Grandchildren are always qualified to apply as enlisted members of Regular Army, enlisted members of Army Reserve, National Guard, or participants in ROTC or through the Congressional nomination process where past family service is a consideration.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-56-00

MACOM: TRADOC

INSTALLATION: Fort Knox, Kentucky

SUBJECT: US Army Training Policy

DISCUSSION: This council again strongly recommends that the US Army adopt a training policy similar to that of the United States Marine Corps in order to minimize the current problems of sexual misconduct which embarrass the army and reduces its effectiveness and that the general recommendations as determined by the committee headed by Senator Nancy Kassebaum be adopted as US Army training standards.

"In recent years as males and females have been integrated more and more into unified training and operations, we have seen an escalation of problems resulting from placing all uniformed personnel in close proximity.

It has been a command decision that this policy be continued. It is our belief that no amount of regulations will reduce the current resulting problems and that the US Army will continue to be plagued with the predictable embarrassment and scandal.

Regardless of whether or not it is politically correct to surface this matter as an issue, the problems resulting from the policy of close proximity will not go away. Therefore, the voice of

Retirees which is not constrained by the restrictions on those currently active should become a part of the total issue.

Human nature was not entirely a societal invention and certain aspects of human nature cannot and will not be changed by regulations. The result of putting males and females in close proximity is totally predictable just as bootleg whisky was a direct result of Prohibition. Laws and regulations did not alter human behavior.

If one were to combine either sulfur dioxide or nitrous oxide with water, the results are certain and would be sulfuric acid and nitric acid, respectively.

If one combines young and even older males and females, the results are just as certain and laws and regulations will not control or change the resulting behavior."

"THEREFORE, IT IS RESOLVED BY THIS COUNCIL TO RECOMMEND THAT THE US ARMY ADOPT A TRAINING POLICY SIMILAR TO THAT OF THE UNITED STATES MARINE CORPS IN ORDER TO MINIMIZE THE CURRENT PROBLEMS OF SEXUAL MISCONDUCT WHICH EMBARRASS THE ARMY AND REDUCE ITS EFFECTIVENESS. (SEE SENATOR KASSEBAUM STUDY)"

The Fort Knox Retiree Council continues to be involved in discussions on a number of other concerns.

As has been stated in the past, it is recognized that some of the submissions of this Council may be outside the standards of political correctness. However, the voice of Military Retirees carries the same weight and is of the same order of any other citizen of the United States of America. Retiree concerns lie first with the security of our nation and the welfare of our Armed Forces.

While Retirees carried out in exemplary fashion, the proper protocol and restrictions placed while on active duty, Retirees are entitled to their own opinions and are unfettered by restrictions other than those which might be deemed disloyal to our nation and its security.

The welfare of our armed forces and national security are central and important issues. Retirees have had and always will have as their first priority, the preservation of the security and freedom of our nation, and with this, the defense and protection of our Constitution as a primary responsibility above all else.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This issue concerns an active force issue that is beyond the CSA Retiree Council charter/mission. We continue to acknowledge and appreciate the concerns and resolve expressed by the Fort Knox Council. This area remains a focus of Army interest and substantial effort is being

directed at the issue. The CSA Retiree Council suggests Fort Knox individual council members, who feel strongly about gender integrated training, express their concerns to their state and federal government political representatives.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-57-00

MACOM: TRADOC

INSTALLATION: Fort Rucker, Alabama

SUBJECT: Do Not Contract Out Personnel and Retirement Services

DISCUSSION: Everyone is well aware and concerned that the defense budget has been unable for the past 6-8 years to adequately address all the shortages that exist in such areas as procurement, basic R&D, quality of life, et.al.. A major course of action that has been pursued to try and cover these funding gaps has been to reduce end strength, in both uniform and civilian employees. But, as most are aware, this is a short term solution. So, during the past 5-6 years, many previously performed in-house support functions have been contracted out to the civilian business world. While this has worked well where those contracted functions, such as maintenance, had a direct correlation to civilian activities. We also know that the Army performs many functions that has no direct relation with the civilian world. And one of these critical function areas is personnel and retirement services. While some may well believe that contracting (outsourcing) personnel functions is the next best step forward, it is not. The Army has been recognized for years by all of its sister services as having the best system when it comes to taking care of its current and future retirees, their dependents, and surviving spouses. The active duty personnel are also very conscious of this fact. During the past year's budget discussions there were a number of statements made at MACOM levels to the effect that personnel functions, including retirement services, should be contracted out. Regardless of the rank or grade of the individual(s) that said this, they have no idea of the complexity of the work that people in these person-to-person environments address on a daily basis. This is a working environment requiring both specific and special background knowledge. Knowledge that could never be boiled down to specific contract language so a walk-through-the-door commercial business enterprise would be able to successfully handle it. Bottom line: contracting out personnel and retirement services is about as likely to succeed as contracting out the unit Chaplain and First Sergeant positions - we will not like the end results, and neither will the 2 million active and retiree Army Family members. Contracting out personnel and retirement services is not the message the Army ought to be sending its past, current, and potential service members and their families.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the Army Retirement Services Programs in its present configuration -- performed by government employees;

often military retirees; for retirees, -- through RSOs and local councils and sub councils.

The CSA Retiree Council is also aware there are initiatives to commercialize/privatize multiple base operation functions to include RSO positions. Further, RSO positions do not generally fall within the regulatory guidelines for positions, which can be excluded, from consideration for contracting because they are government in nature. Thus, those positions will be considered for contracting or privatization.

Contracting of commercial activities is generally on a competitive basis and must be executed in accordance with government standards. The result of the competition between government and contractors must demonstrate that contractors can do the work to standard, at less cost to the government. While the Council does not support contracting out or privatization, it is generally true that government incumbents of positions are offered rights of first refusal and there is a large preponderance of military retirees hired to fill such jobs based on their experience -- which can continue the quality support needed in the retirement services function.

CHIEF OF STAFF, ARMY RETIREE COUNCIL ISSUE 03-58-00

MACOM: FORSCOM

INSTALLATION: Fort Bragg, North Carolina

SUBJECT: Outsourcing of DA Civilian Positions

DISCUSSION: The Army retiree community is concerned that the recently legislated FAIR Act could adversely affect Retirement Services operations. Although many activities and functions have been contracted (outsourced), the functions of an Installation Retirement Officer is one that should be kept as a member of the Army family as opposed to that of a cousin. The majority of pre-retirement actions are routinely administrative in nature; however, the majority of post-retirement actions require individual personal attention. These special requirements warrant and justify close association with the active Army. The Chief of Staff Army Retiree Council should request that the Chief of Staff, once again, express his supportive position toward Retirement Services to the MACOM Commanders.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the Army Retirement Services Programs in its present configuration -- performed by government employees; often military retirees; for retirees, -- through RSOs and local councils and sub councils.

The CSA Retiree Council is also aware there are initiatives to commercialize/privatize multiple base operation functions to include RSO positions. Further, RSO positions do not generally fall within the regulatory guidelines for positions, which can

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Contracting of commercial activities is generally on a competitive basis and must be executed in accordance with government standards. The result of the competition between government and contractors must demonstrate that contractors can do the work to standard, at less cost to the government. While the Council does not support contracting out or privatization, it is generally true that government incumbents of positions are offered rights of first refusal and there is a large preponderance of military retirees hired to fill such jobs based on their experience -- which can continue the quality support needed in the retirement services function.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-59-00

MACOM: MEDCOM

INSTALLATION: Brooke Army Medical Center, Texas

SUBJECT: Clothing Worn by Hospital Personnel

DISCUSSION: Too many wear scrub suits. Persons in BDUs. Black insignia difficult to differentiate rnd/grades. Nursing staff should wear whites.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This is a unit concern and should not be addressed at the CSA Retiree Council level.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-60-00

MACOM: MEDCOM

INSTALLATION: Brooke Army Medical Center, Texas

SUBJECT: Limited Space Available Medical Care

DISCUSSION: The limitations on Space Available in military treatment facilities are directly related to lack of funding. The problem can be solved with assignment of greater priority of allocation of funds to military medical care.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Space available care in the Military Health System is diminishing and will continue to do so as primary care based managed care programs providing comprehensive care (not episodic care) becomes the preferred mode of delivering quality care. At Brooke, two such programs - TRICARE Senior Prime and TRICARE Prime - are enrolling and caring for thousands of patients. Patients in these programs have first priority for care in the medical center and receive health promotion and prevention care. Patients who do not choose participating in these programs will find space available care harder to access. Any future funding should go toward the expansion of these programs plus other initiatives such as expanded FEHBP and pharmacy benefits, rather than expanding space available care.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-61-00

MACOM: MEDCOM

INSTALLATION: Brooke Army Medical Center, Texas

DISCUSSION: The question of "life of death" for TRICARE Senior Prime is becoming more and more prevalent. Many retirees are asking whether a demise of TRICARE Senior Prime would relegate them back to "space available Status" and ultimately result in "no space available".

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council agrees that termination of TRICARE Senior Prime would be extremely problematic for current demonstration enrollees. DA should continue to work with Congress, DOD and the Health Care Financing Administration to ensure that current enrollees be not disadvantaged, regardless of the outcome of the demonstration.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-62-00

MACOM: MEDCOM

INSTALLATION: Fort Detrick, Maryland

SUBJECT: Deterioration of Benefits

DISCUSSION: The Fort Detrick ALL-Services Retiree Council is concerned that our Nation has failed to meet its past commitments to those that served. In light of the inability of the United States Congress to properly address the erosion of economic and health care benefits for Retirees as a functional part of the FY 2000 Defense Appropriation Act, many Retirees are concerned and reluctant to recommend or support Uniformed Services for our Nations Youth. A strong National defense can only be developed and maintained through an active recruitment and retention program that will permit a force structure dedicated, trained and prepared to meet our National goals. Foremost in the minds of Retirees is the axiom "that the Uniformed Services will always take care of its own". With the continual erosion of benefits by our Government to Retirees and those soon to retire, confidence in this axiom makes it difficult to expound on or herald such a fact. Retirees represent a major source of support to the Recruitment and Retention programs of this Nations defense force. Retirees provide encouragement at the grass roots level to serve. Retirees are finding it increasingly more difficult to advocate or encourage uniformed service. Although proud of our past service, and proud of our family members who endured and stood by us during our service to this Nation, Retirees expect our Nation to honor those commitments that were made to us at the time we chose to commit to a military career.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Department of Defense understands that the topic of medical benefits is the major concern for retirees. TRICARE 2000 has set forth many initiatives for Retirees including those over the age of 65. These initiatives are set forth to expand TRICARE beneficiaries' health benefits, improve access, simplify claims processing, and render the highest quality of health care possible. The following are new initiatives that pertain to our retiree population.

GENERAL - A new generation of Managed Care Support Contracts (MCS 3.0) which places emphasis on improving customer satisfaction and provides better business practices for the future.

RETIREEES INCLUDING THOSE AGE 65 AND OVER -

A three year Medicare Subvention Demonstration is on-going at 6 regional locations.

A TRICARE Senior Supplement Program is set to begin in April 2000.

A TRICARE Pilot Pharmacy Program is set to begin in April 2000.

A Federal Employee Health Benefit Plan Demonstration is on-going at 8 regional locations.

For retirees under the age of 65, the TRICARE program is their health plan. They are eligible to choose TRICARE Prime (in areas where it is offered), TRICARE Extra and TRICARE Standard.

In addition to the initiatives mentioned above, the Defense Medical Oversight Committee (DMOC) is exploring the feasibility of establishing an accrued military retirement health benefit trust fund to provide an explicit retiree health benefit with adequate resources to cover those benefits. Congressional action and Office of Management and Budget approval is required to establish the trust fund. This proposal requires a very clear definition of the retiree health benefit.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-63-00

MACOM: MEDCOM

INSTALLATION: Fort Sam Houston, Texas

SUBJECT: Payment for Transportation of Remains of Eligible Retirees/Dependents

DISCUSSION: Current regulations/laws provide for the payment of transportation of remains of eligible retirees and dependents to a place of burial that is no further distance than the decedent's last place of residence. When place of death and place of burial are local to the residence, transportation is authorized for removal of remains from place of death (military treatment facility or DOD contracted hospital) to a local cemetery. Since many military retirees/dependents are enrolled in TRICARE and not being seen at a military treatment facility or a DOD contracted hospital, they do not receive the same benefits for transportation costs. This is especially true of areas outside the catchment areas of military hospitals. Regulations/laws should be changed to allow TRICARE members the same privileges as those afforded to individuals enrolled with a DOD contracted hospital.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council appreciates the Fort Sam Houston Retiree Council for bringing this issue to our attention. In conversations with DA Casualty Office personnel, the council has verified the substance of this issue. We also learned that with the advent of the TRICARE system this particular benefit warrants review.

The CSA Retiree Council will present this issue to the Army staff for review and analysis aimed at adapting a system which would provide a broader application of this benefit for retirees and their dependents.